



## Westport Center for Senior Activities

21 Imperial Avenue  
Westport, CT 06880  
Westportct.gov/seniorcenter  
seniorcenter@Westportct.gov  
Telephone (203) 341-5099

### VOLUNTEER APPLICATION FORM

Our primary concern is the confidentiality, safety and security of our clients, volunteers and staff. To achieve this, a screening process is required in order to be considered as a volunteer.

(PLEASE PRINT)

#### Personal Information:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (optional)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Home Phone: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

References (non-family members):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Other Information:

How did you hear about us? \_\_\_\_\_  
What motivated you to volunteer? \_\_\_\_\_  
Are you doing community service hours to fulfill a requirement? \_\_\_\_Yes \_\_\_\_No  
List previous/current volunteer activities: \_\_\_\_\_

#### Volunteer Preference:

Days:

\_\_ Monday \_\_ Tuesday \_\_ Wednesday \_\_ Thursday \_\_ Friday \_\_ Saturday \_\_ Any day

**Areas of Interest:**

\_\_\_\_ A regular HDM route once a week  
\_\_\_\_ Serve in the Congregate Lunch Program  
\_\_\_\_ Share a hobby or personal talent

\_\_\_\_ Substitute HDM Driver  
\_\_\_\_ Computer Help  
\_\_\_\_ Administrative/Office

Other: \_\_\_\_\_

**Declaration:**

*I hereby certify that the above information is true and complete to the best of my knowledge. I understand that any information I provide will be kept confidential and will not be released to any other organizations or persons without my consent.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest!